



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Date notice sent to all parties: 11/06/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of work conditioning for the lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Ten sessions of work conditioning for the lumbar spine – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant presented to the emergency room on xx/xx/xx and was evaluated. He had a grape shaped mass in his right groin. It was painful and tender. He was 240 pounds. He also noted non-radiating lower back pain that worsened with movements. He noted he had been lifting heavy items at work and they were heavier than usual. He was diagnosed with a lumbar sprain and right inguinal hernia. Robaxin and Tramadol were prescribed. XX examined the claimant on 07/06/15. He was injured on xx/xx/xx when he was lifting heavy bags (100 pounds). He injured his low and mid back. He had constant pain in the lumbar spine rated at 10/10, sharp, shooting pain in the groin, and intermittent muscle spasms. He was currently on Robaxin and Methocarbamol. All DTRs were 2+, except for the bilateral Achilles' at 1+. Strength was 5/5 in the upper

and lower extremities, except for right sided plantarflexion. SLR was positive on the right at 45 degrees. There was dysesthesias of the right S1 dermatome. Kemp's testing was positive bilaterally. The diagnoses were lumbar discopathy, lumbar radiculitis, lumbar sprain, thoracic sprain, and muscle spasms. An FCE was recommended, as well as physical therapy. XXX examined the claimant on 07/13/15. He had mid back, low back, and hernia pain. His abdominal pain was rated at 2-3/10. On exam, he had a soft and mildly tender right inguinal mass in the right inguinal area compatible with a hernia. He had decreased range of motion in the thoracic and lumbar spines with spasms. Therapy was recommended and Naprosyn and Flexeril were prescribed. He was also referred for a CT scan of the abdomen. Lumbar x-rays dated 08/10/15 revealed a compression fracture at L4 with at least 45-50% vertebral height loss in the mid portion of the L4 vertebral body. There was bridging osteophyte at L3-L4 and L4-L5. There was degenerative facet disease at L5-S1. There was no instability on flexion and extension views. A lumbar MRI that day revealed a vertical chronic compression fracture involving the L4 vertebral body in the anterior third with Schmorl's node in the superior and inferior endplate. There was no evidence of retropulsion and there was a disc protrusion in the central and left side at L4-L5. There was subcutaneous edema. XX examined the claimant on 08/12/15. He had been doing therapy with slight improvement. He was five feet nine inches tall and weighed 230 pounds. His gait was normal and he had moderated decreased lumbar range of motion without significant pain. There was no dermatomal or specific sensory loss documented nor was there any motor weakness of the lower extremities. The x-rays and MRI were reviewed. The impressions were acute low back pain with left leg radiculopathy, previous L4 fracture, left sided disc protrusion at L4-L5, and possible instability at L4-L5. A Medrol Dosepak was prescribed with a transition to Celebrex and he was advised to continue therapy with XX. Home exercises were also emphasized. A transforaminal injection at L4-L5 was also recommended. XX examined the claimant on 08/27/15 and diagnosed him with an incarcerated right inguinal hernia and repair with mesh was recommended. The claimant underwent an FCE on 09/03/15. All DTRs were within normal limits and sensory exam of the left hand was normal. Here, he was noted to be 335 pounds. It was noted he was functioning in the light physical demand level and a two week work conditioning program was recommended. XX performed repair of incarcerated inguinal hernia on 09/08/15. A testicular ultrasound on 09/09/15 was normal without evidence of torsion. On 09/11/15, XX provided a preauthorization request for a 10 day trial of a work conditioning program. On 09/15/15, XX noted significant scrotal swelling and an ultrasound was negative for torsion. His staples were removed and he would remain off of work for an unknown amount of time. On 09/17/15, XX provided an adverse determination for the requested 10 sessions of a work conditioning program. XX reexamined the claimant on 09/21/15. His pain was rated at 8/10. His abdomen was negative for tenderness, but he had significant scrotal swelling that improved with lying down. When he stood, there was some swelling. It was noted his coronal swelling had improved and he was asked to return in three weeks. The claimant then returned to XX on 10/12/15. His pain was 7/10 and he was on Hydrocodone, Tamsulosin, Levothyroxine, and Dustasteride. He complained of abdominal pain, but his abdomen was soft on examination. He still had some tenderness of the right testicle, but had completely resolved swelling of the scrotum. XX noted the swelling was now entirely within normal limits in appearance and consistent with postoperative appearance after a hernia repair with mesh. XX recommended the

claimant be off of work for another month and over-the-counter Tylenol and Ibuprofen were recommended. Norco was also prescribed. XX also provided an adverse determination for the 10 sessions of the work conditioning program on 10/15/15.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to the medical records reviewed, the claimant underwent repair of his incarcerated right inguinal hernia on 09/08/15, two months ago. As of 09/15/15, he continued with significant scrotal swelling. He was taken off of work through an unknown date at that time. Through utilization review on 09/17/15, it was noted that XX was unaware the claimant had inguinal repair and the request for the work conditioning program would be withdrawn. On 10/15/15, the denial of the requested 10 sessions of the work conditioning program was upheld. This noted the claimant had not been released to begin a course of physical therapy and therefore, the request for work conditioning was again denied. The current treatment note on 10/21/15 indicated the claimant had some improvement in his swelling, but he still had a moderate amount of pain and was unable to lift any amount. At that time, XX recommended the claimant be off work for one month further, based strictly on the hernia. If he is not capable of returning to work, he would not be capable of attending/completing a work conditioning program. Therefore, based on his medical condition and the medical documentation reviewed, he is not a candidate for a work conditioning program. Therefore, the requested 10 sessions of work conditioning for the lumbar spine are not medically necessary or appropriate given the claimant's current clinical situation nor would be it be supported by the ODG. The previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)